

Phantom Galleries Superior
Property Questionnaire

General Information

Owner Information:

Name:

Address:

City:

State:

Zip:

Phone:

Fax: (to send insurance certificate)

Property Address:

Size of window space:

Phantom Galleries Superior will use the contact information listed below regarding access to the property, approval/selection of art exhibit, and installation and removal of exhibit.

Primary Contact:

Name:

Phone(s):

Email:

Secondary Contact:

Name:

Phone(s):

Email:

Please add specific information that would be helpful to PGS. For example: do not use secondary contact for access to property.

Property Overview

How long has this space been vacant?

Do you expect it to rent soon?

How often is the property shown?

Will there be security on the location?

Is there any on-site supervision?

Does the building have any liability insurance?

Are there any known leaks in the ceiling or from the floor or windows?

Can PGS host an artist's reception at this location?

Exhibit Items

Can we rotate the exhibit if the storefront remains vacant?
be desirable?

If so, would a new exhibit every 2 months

What is the depth of the space we can use?

Does the front façade need to be camouflaged?

Does the space behind the exhibit need to be camouflaged?

Can owner provide a room barrier to conceal the empty storefront behind the exhibit?

Installation Inquiries

What time of day would be most desirable for installations?

Which days of the week work best?

Would use of electricity be permitted and accessible?

In what condition are the electrical outlets?

Can nails and staples be inserted into the walls and ceilings to hang artwork?

What is desired beyond basic cleanup at time of exhibit removal? (For instance, PGS must ensure holes are filled and repaint walls white)

Is minimum of 10 days notice to vacate the window feasible?

If no, please specify why and how many days notice can be given.

Other: